

Prearranged After Hours Pump Station Access Request

ALL REQUESTS MUST BE RECEIVED AT LEAST 24 HOURS PRIOR TO THE INTENDED TIME OF DISCHARGE AND NO LATER THAN NOON ON THE LAST WORKING DAY OF THE WEEK.

1) Waste Hauler Name: _____ Permit Number: _____

1) Contact Person: _____ Title: _____

Phone #: _____ (must be able to reach contact person at this number during the discharge)

3) Source of Waste: _____

4) Customer Information: Provide the name and phone number of the person requesting the discharge of this waste.

Name: _____ Phone: _____

Waste Pickup Address: _____

5) Reason for After
Hours Discharge _____

6) Load Information:

Starting Date: _____ **Ending Date:** _____

Starting Time: _____ **Ending Time:** _____

Expected Number of Loads: _____ Total Volume: _____ gallons

I certify that the above information is familiar to me, and is complete and accurate to the best of my knowledge. I certify that the wastes to be discharges meet all applicable Local, State, and Federal Limits. I understand that all wastes discharged outside of normal waste acceptance hours are subject to special fees established in the Trucked Waste Requirements and Procedures.

Name: _____ Date: _____

Signature: _____

TO BE COMPLETED BY THE CITY

Request Received _____ **Date:** _____ **Time:** _____

Comments: _____

☐

Approved

☐

Denied

By: _____

Date: _____

Return To: Industrial Wastewater Control Program
9192 Topaz Way, MS 901D
San Diego, CA 92123

Ph. (858) 654-4100
Fax (858) 654-4110